

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001128 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/01/2012 |
| NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | <p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/01/12</p> <p>Facility Number: 001128 Provider Number: 001128 AIM Number: NA</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Friends Fellowship Community was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, spaces open to the corridors, with hard wired smoke detectors in the 12 resident rooms in the Courtyard Hall and battery operated smoke detectors in the 34 resident rooms in the Healthcare Center Hall. The facility has a capacity of 92 and had a census of 68 at the time of this visit.</p> <p>The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety</p> | S 000 | | |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

G53X21

If continuation sheet 1 of 2

Indiana State Department of Health

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| S 000 | Continued From page 1 Code Specialist-Medical Surveyor on 10/03/12. | S 000 | | | |